

<b>Case Number:</b>	CM14-0003439		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 67-year-old male who reported injury on 03/22/2011. Medication history indicated the injured worker had been utilizing the medications since February, 2013. The documentation of 12/06/2013 revealed the injured worker had tried physical therapy and chiropractic which provided temporary relief. The injured worker was in for medication management and a refill. The diagnoses included diabetes mellitus no complication, unspecified essential hypertension, postlaminectomy syndrome of the lumbar region, thoracic or lumbosacral neuritis or radiculitis unspecified, sciatica, lumbosacral spondylosis without myelopathy, and lumbago. The medications that were refilled included Butrans patch 5 mcg/hr #4, Lyrica 50 mg 1 by mouth 3 times a day #90, Celebrex 200 mg by mouth twice a day #60, and Omeprazole 20 mg by mouth twice a day #60, and the request was made for a bilateral L5-S1 transforaminal epidural steroid injection with a 2 week follow-up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**BUTRANS PATCH, 5 MCG/PER HOUR (QUANTITY 4 PATCHES): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Page 60, Ongoing Management, Page 78, Opioid Dosing, Page 86. Page(s): 60,.

**Decision rationale:** The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. The clinical documentation indicated the injured worker had been utilizing the medication since early 2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Butrans patch, 5 mcg/hr (quantity 4 patches) is not medically necessary.

**LYRICA 50MG (#90):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend antiepileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation failed to meet the above criteria. There was a lack of documentation indicating the injured worker had neuropathic pain. The request as submitted failed to indicate the frequency for the requested medication. The injured worker had been noted to be utilizing the medication since early 2013. Given the above, the request for Lyrica 50mg (#90) is not medically necessary.